## PART B - FEE(S) TRANSMITTAL

JAN 2 9 200	17 W	vith applicable	or <u>Fax</u>	Ma Co P.C Ale (57	nil Stop ISSUE mmissioner fo D. Box 1450 exandria, Virg 1)-273-2885	r Paten inia 223	313-1450		
INSTRUCTIONS This form shot appropriate. All his or correspond indicated unless corresponding to the corresponding	directed otherwise	Patent, advance of in Block I, by (a	rders and notification a) specifying a new co	of r	naintenance fees was pondence address;	vill be ma and/or (l	niled to the current b) indicating a sep	should be correspo arate "FE	completed wher ndence address a E ADDRESS" fo
CURRENT CORRESPONDENCE ADDRI	ESS (Note: Use Block 1 for 12/14/2006	r any change of address)		Fee(	's) Transmittal. Thi	is certifica I paper, s	an only be used for the cannot be used uch as an assignment of transmission.	for any of	her accompanying
MEDTRONIC, INC. 710 MEDTRONIC PARI MINNEAPOLIS, MN 55			Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
		•	·		Jo L. Bre	cht			(Depositor's name)
			•	Jud		45-	Lot	(Signature)	
				L	ganuary	24	, 2007		(Date)
APPLICATION NO.	ILING DATE		FIRST NAMED INVEN	√TOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/743,357 12/22/2003 Walter L. Carpenter 01/39/2697 TBESE/11/2090\D2094 132546 1934B357								19748357	
TITLE OF INVENTION: EXTRAC	ORPOREAL BLOO	OD CIRCUIT PRIN	AING SYSTEM AND	ME	THOD 01 FC:150 02 FC:150		1489.00 DA 398.69 DA		
APPLN. TYPE SMALL	ENTITY IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional 1	10	\$1400	\$300		\$0		\$1700		03/14/2007
EXAMINER ART UNIT			CLASS-SUBCLASS						
DEAK, LESLIE R 3761			604-004010						
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Mike Jaro  Jeffrey J. Hohenshel						
3. ASSIGNEE NAME AND RESID	ENCE DATA TO E	E PRINTED ON T	THE PATENT (print o	r typ	c)				
PLEASE NOTE: Unless an assi recordation as set forth in 37 CFF	gnee is identified b	clow, no assignee of this form is NO	data will appear on the	he pa	itent. If an assigno	ee is iden	tified below, the d	ocument 1	has been filed for
(A) NAME OF ASSIGNEE  Medtronic, Inc	(B) RESIDENCE: (CITY and STATE OR COUNTRY) Minneapolis, MN								
Please check the appropriate assigne	e category or catego	orics (will not be pr	inted on the patent):	_	Individual 🖒 Co	rporation	or other private gro	oup entity	Government
4a. The following fec(s) are submitted:    Solution   S			A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).						
5. Change in Entity Status (from st	atus indicated above	e)	_						
☐ a. Applicant claims SMALL I			b. Applicant is no						
NOTE: The Issue Fee and Publication interest as shown by the records of the state o	he United States Pat	ent and Trademark	Office.	ian u					e or other party in
Authorized Signature	Mr 91+	du			Date	Januar	ry 24, 200 34,109	)7	
Typed or printed name	Jeffrey J.	<u>Hohenshel</u>							
This collection of information is requan application. Confidentiality is go submitting the completed application this form and/or suggestions for reduced box 1450, Alexandria, Virginia 223 Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act									SPTO to process) ig, preparing, and quire to complete Commerce, P.O. s, P.O. Box 1450

## JAN 2 9 2007

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## **ISSUE FEE TRANSMITTAL**

In repplication of Walter L. Carpenter et al.

For: Except Feal Blood Circuit Priming System and Method

**Serial No.: 10/743,357** Filed: 12-22-2003

CERTIFICATE UNDER 37 CFR §1.8 I hereby certify that this ISSUE FEE TRANSMITTAL AND TRANSMITTAL and the paper(s), as described herein are being deposited with the United States Postal Service, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this day of January, 2007.

Signature

Jo L. Brecht

Printed Name

Attn: Box ISSUE FEE
Commissioner for Patents
and Trademarks
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ✓ Issue Fee Transmittal✓ PTOL FORM 85B
- ☑ PTOL FORM 85B
   ☑ Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees
- □ Return Postcard
- Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee, and \$300 Publication Fee for a Total of \$1,700.00.
- Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.
- Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Transmittal with regard to this filing.

January 24 , 2007 Date

Atty: Jeffréy J. Hohenshell

Reg. No. 34,109

Telephone: (763) 391-9661 Customer No. 27581